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Department of Public Health

AIDS Office

Memorandum

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JUL 02 1993
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July 1, 1993

TO: Mayor's HIV Health Services Planning Council

FROM: Sophia Chang, M.D., M.P.H.

RE: CARE Contract Monitorings

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were new in 1992-93 (approximately 34).

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f monitorings.

luating the remaining 100 or so programs. We will most
at least submit: an update on last year's monitoring
deliverables to date, and figures on staff and volunteer
demographics. Other options for modified or delayed monitorings will be presented and discussed at the next Planning Council meeting.

If you have any questions, please call me at (415) 554-9060 or Judith Weld at (415) 554-9044.

cc: Bill Haskell
Valerie Dorr
ogram Managers
tch Katz, M.D.
nes Loyce, Jr.

San Francisco Public Library

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San Francisco, CA 94102

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AIDS OFFICE

25 VAN NESS AVENUE, SUITE 500
SAN FRANCISCO, CA 94102 - 6033

415 - 554-9000
FAX 415 - 431-7547

City and County of San Francisco

Department of Public Health

AIDS Office

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July 1, 1993

TO: Mayor's HIV Health Services Planning Council

FROM: Sophia Chang, M.D., M.P.H.

RE: CARE Contract Monitorings

The AIDS Office has concluded that we must substantially decrease the number of CARE contract monitorings in the upcoming cycle. The only programs which will receive full site visits are those programs which were new in 1992-93 (approximately 34).

The reasons for this decision are as follows: AIDS Office staff calculated that at least 131 programs would require site visits, and the schedule allowed for 5 weeks in which to complete that work. Clearly, this is not a reasonable workload. In addition, we were informed yesterday that approximately 13 AIDS Office positions are likely to receive "bumps" from other Civil Service personnel whose positions are being eliminated from the 1993-94 budget. Two of those "bumps" will displace Health Services Branch program managers. The employees placed in those positions will not yet have the necessary training in managing or evaluating AIDS contracts, and will most likely begin work in our office during the middle of the monitoring process. We also have lost our HIV Services Manager. With only 2 fully trained program managers and no fully trained HIV Services Manager, we cannot conduct the usual scope of monitorings.

We are reviewing options for evaluating the remaining 100 or so programs. We will most likely request those providers to at least submit: an update on last year's monitoring recommendations, a summary of deliverables to date, and figures on staff and volunteer demographics. Other options for modified or delayed monitorings will be presented and discussed at the next Planning Council meeting.

If you have any questions, please call me at (415) 554-9060 or Judith Weld at (415) 554-9044.

cc: Bill Haskell
Valerie Dorr
Program Managers
Mitch Katz, M.D.
James Loyce, Jr.

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City and County of San Francisco

Department of Public Health

Release / Memorandum

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DATE: February 2, 1996

TO: Interested Individuals

FROM: AIDS Office, Department of Public Health

RE: **CALL FOR VOLUNTEERS FOR NATIONAL AIDS UPDATE CONFERENCE**

The AIDS Office has been asked to coordinate the volunteer recruitment and deployment for the National AIDS Update Conference which will be held from Wednesday, March 20 to Friday, March 22nd.

Volunteers are needed for 4-hour shifts as Room Monitors and in providing directions for registrants. Working a full 4-hour shift will entitle the individual to a free registration for the remainder of that day at the conference. Shift hours will be from 7:00 a.m. until 6:00 p.m. on Wednesday, March 20th and from 7:00 a.m. until 5:00 p.m. on Thursday and Friday, March 21st and 22nd. We also will need help during the Gala Conference Reception on Thursday evening, March 21st (from 5:00 to 7:00 p.m.).

Persons interested in volunteering should contact Brian Dobrow (554-9499) at the AIDS Office as soon as possible. Replies also may be faxed to 431-7547.

Thanks for your help in making this event a success. (Please make this information available to others at your work site.)

AIDS OFFICE

25 VAN NESS AVENUE, SUITE 500
SAN FRANCISCO, CA 94102-6033

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FAX 415-431-7547

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Sexually Transmitted Disease Overview

presented by

STD Control Program - STD Education Unit

sponsored by the AIDS Office, San Francisco Department of Public Health

70.12

A one and one-half day workshop for HIV/AIDS counselors and educators on STDs and the integration of STD prevention messages into HIV/AIDS counseling and education.

Topics will include causative agents, symptoms, transmission, epidemiology, and prevention of STDs; STDs as cofactors for HIV infection; differences in transmission and risk reduction between HIV and other STDs; as well as how to integrate STD risk reduction messages into HIV education and counseling.

Who should attend:

- Persons who conduct HIV counseling/testing, risk reduction education, and outreach.
- Persons who work with youth and adults at risk for STDs, HIV, or pregnancy.

When: **Tuesday, February 27** **8:30 - 4:00** **Wednesday, February 28** **8:30 - 12:00**

(attendance on both days is required)

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Where:

STD Control Program Administrative Office, San Francisco

Fee: $5.00 per person, payable with pre-registration.

Please make checks out to: *San Francisco Public Health Foundation.*

To apply:

Complete and return the attached registration form and pre-registration questionnaire by Friday, February 23, 1996

Registration Deadline is February 23,1996.

*** NO WALK-IN REGISTRATIONS ACCEPTED***

Completed pre-registration application required.

For more information call Vicky (554-8475), Percy (554- 8460), or Paul (554- 8491).

Name and title of approving supervisor (please print)

_____ _____

name *title*

Supervisor's Signature _____

- **Return this form as soon as possible - training space is limited.**
- **All forms must be completed.**
- **For more information, call the STD Education Unit at (415) 554-8475 or 554-8460 or 554-8491.**

REGISTRATION DEADLINE: February 23- Space is limited, register now!

Please complete ALL of the pre-registration questions below:

(1) What is your job title or position?

(2) Describe the HIV prevention, education, or counseling work you do in your job

(3) Please describe your target population or clients (for example, age range, gender, sexual orientation, risk behaviors, language ability, acculturation, etc)

(4) In your opinion, what do your clients need to know about STDs?

(5) How might you use STD information in your job?

(6) What previous training or inservices have you attended on STDs?

(7) When was the last STD training that you attended?

(8) What questions about STDs or HIV would you like to see addressed?

(see other side)

Registration Form

"STD Overview"

February 27 and 28 (Tuesday & Wednesday)

Send registration form and questionnaire by February 23 to:

"STD Overview"
atten: Vicky Pérez
1360 Mission St., Suite 401
San Francisco, CA 94103

***Note:* Pre-registration questionnaire must also be completed. Incomplete forms will be returned to applicants.**

Name _____ Agency _____

Position _____ Address _____ zip _____

Phone ( ) _____ FAX ( ) _____

AIDS Office Contractee? Yes No Other _____

** Pre-registration fee of $5.00 required**
Make check payable to: San Francisco Public Health Foundation.

Applications without the $5.00 registration fee are incomplete - your space in the training is not assured until payment is received. Payment will be returned to registrants not accepted into the course.

REGISTRATION DEADLINE: February 23- Space is limited, first come, first served!

City and County of San Francisco **Department of Public Health**

Memorandum

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APR 14 1999

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April 8, 1999

Dear Colleague:

The HIV Prevention Planning Council and the HIV Prevention Section of the Department of Public Health are seeking nominations to the Community Advisory Board for a new demonstration project.

The demonstration project, funded by the Centers for Disease Control and Prevention, strives to strengthen linkages between testing and health services, and to provide primary HIV prevention services to people who are HIV positive.

The Community Advisory Board (CAB), will work with the Department of Public Health to develop programs to implement primary HIV prevention programs for HIV positive individuals in San Francisco. The Community Advisory Board will identify the HIV prevention needs for HIV positive individuals and plan effective prevention programs.

The CAB will be composed of three working groups; the Testing Workgroup, the Referrals Workgroup, and the Primary Prevention Workgroup. Each of these groups will review literature, consult with experts in the field, and plan programs to address gaps in service for HIV positive people in San Francisco.

Members of the CAB will be selected from a candidate pool by members of the HIV Prevention Planning Council. The CAB will begin working on the project in May, 1999.

If you are interested in participating on the CAB for this demonstration project, please complete the attached application and send it to Betty Chan Lew, HIV Prevention Section, 25 Van Ness Ave., Suite 500, San Francisco, CA 94102. If you have any questions about the CAB, please call Tracey Packer at (415) 554-9992.

Thank you for your interest.

Sincerely,

Tracey Packer, MPH
Chief, HIV Prevention Planning

AIDS OFFICE

25 VAN NESS AVENUE, SUITE 500
SAN FRANCISCO, CA 94102 - 6033

415 - 554-9000
FAX 415 - 431-7547

HIV PREVENTION FOR HIV POSITIVE INDIVIDUALS
DEMONSTRATION PROJECT
COMMUNITY ADVISORY BOARD (CAB)

(Please print clearly/Self nominations accepted)

DEADLINE: APRIL 30, 1999

I/we nominate _____ for membership on the Community Advisory Board (CAB). His/her mailing address is: _____ Phone and Fax numbers are: _____ / _____
Phone *Fax*

He/She is willing to be nominated: *(Please check one)* _____, _____, _____
Yes *No* *Unknown at this time*

Please circle the appropriate socio-demographic information for your nominee:

Sex/Gender	Age Group	Race/Ethnicity	Sexual Orientation	HIV Status	Substance Use History
M F TG*	15-24 25-29 30-39 Over 40	AfAm NatAm API** Cauc Lat Oth	Gay Bi Les Het	(-) (+) Decline to State	Non IDU IDU
*TG = Transgender		** *Please specify* _____	Decline to State	Unknown	Decline to State
Male to Female ___ Female to Male ___			(Optional)	(Optional)	(Optional)

Additionally, please provide us with some background information on this individual which might help him/her as a member of the HPPC.

◊ Organizational membership(s) _____

◊ Educational background _____

◊ Work/volunteer experience _____

◊ Health Education experience _____

◊ HIV Prevention experience _____

◊ Substance Abuse experience _____

(Please include a resume or a detailed summary of their knowledge/experience in HIV prevention.)

Why do you think this person should be appointed to the CAB? _____

Nominated by: _____ Phone: _____ Date: _____

Please *FAX* this form to (415) 431-7547 or *mail* it to Betty Chan Lew, AIDS Office, 25 Van Ness Avenue, 5th Floor, San Francisco, CA 94102